

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101018958

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
2			1			
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TOTAL IND.	1		4		1	
TOTAL DER.						
TOTAL CLAIMS	1		4		1	

	* 1		* 2		* 3	
	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.	1		1		1	
TOTAL DER.						
TOTAL CLAIMS	1		1		1	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS